

SEND COMPLETED**FORM TO:**The Appropriate State
or EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORMHazardous Waste Program
MO Dept. of Natural ResourcesRECEIVED
FEB 19 2008**1. Reason for
Submittal**(See instructions
on page 9)MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☒ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 10)****EPA ID Number**

M, O, R, O, O, S, O, S, 9, 5, 8

**3. Site Name
(page 10)****Name:**

TRI-RINSE, INC.

**4. Site Location
Information
(page 10)****Street Address:** 1402 S. Second St.**City, Town, or Village:** St Louis**State:** MO**County Name:** St Louis City**Zip Code:** 63104**5. Site Land Type
(page 10)****Site Land Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 10)****A.**

5093 423930

B.

482618

C.**D.**

RCRA

**7. Site Mailing
Address
(page 11)****Street or P. O. Box:** 1402 S. Second St.**City, Town, or Village:** St Louis**State:** MO**Country:** United States**Zip Code:** 63104**8. Site Contact
Person
(page 11)****First Name:** Clinton**MI:** P**Last Name:** Shocklee**Phone Number:** 314-647-8338**Extension:** ext. 4339**E-mail address:** CShocklee@TRIRinse.com**9. Operator and
Legal Owner
of the Site
(pages 11 and 12)****A. Name of Site's Operator:**

TRI-Rinse, INC.

Date Became Operator (mm/dd/yyyy):

7/1/2008

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:** T.P. Investments**Date Became Owner (mm/dd/yyyy):** 7/1/2008**Owner Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
 11 APR 2008
 MAY 19 2008
 [Handwritten signatures and initials]

9. Legal Owner (Continued) Address	Street or P. O. Box: <div style="font-size: 1.2em; margin-top: 5px;">1402 S. Second St.</div>	
	City, Town, or Village: <u>St Louis</u>	
	State: <u>MO</u>	
	Country: <u>United States</u>	Zip Code: <u>63104</u>

10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)															
A. Hazardous Waste Activities Complete all parts for 1 through 6.															
<div><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c.</div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</div> <div style="margin-top: 10px;"><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</div> <div style="margin-top: 10px;"><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</div> <div style="margin-top: 10px;">In addition, indicate other generator activities.</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</div>	<div><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.<div style="margin-left: 20px;"><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</div><div style="margin-left: 20px;"><input type="checkbox"/> b. Smelting, Melting, and Refining</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</div>														
<div>B. Universal Waste Activities</div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply: <div style="text-align: center; margin: 5px 0;"><u>Managed</u></div><table style="width: 100%;"><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td><input type="checkbox"/></td></tr></table></div> <div style="margin-top: 10px;"><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</div>		a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
a. Batteries	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>														
c. Thermostats	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>														
e. Other (specify) _____	<input type="checkbox"/>														
f. Other (specify) _____	<input type="checkbox"/>														
g. Other (specify) _____	<input type="checkbox"/>														

11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	P039	P044	P066	P127	P189	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

31 Comments field!
Not a TSD. Has a
Resource Recovery
Certificate with MDNR
which allows them
to accept waste from
off-site.

13. Certification. I certify under penalty of law that this document and all at
in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the
information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant
penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
(See instructions on page 17.)

Signature of operator, owner, or an
authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Clinton P. Shocklee, EHSD

2-5-2008

MICHAEL P. MORGAN, PRES

2/12/08

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL
PROTECTION AGENCYSITE NAME: TRI-Rinse INC.

2007 Hazardous Waste Report

1402 S. Second St.EPA ID NO: MOR 00015015191518FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Rinse Water - Acute ToxicB. EPA hazardous waste code P1039 P066

C. State hazardous waste code

P1044 P1127 P194

D. Source code

E. Form code

F. Quantity generated in 2007

G. UOM 5G25W1017390.0

Management Method code for Source code G25

H1039

Density

1.1☐ lbs/gal ☒ kg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007111111111111.1111111111111.1

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- 1 Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shippedC. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

I121D 098 642 424H10407290.0

Site 2

B. EPA ID No. of facility to which
waste was shippedC. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

11111111.1111111111111.1

Site 3

B. EPA ID No. of facility to which
waste was shippedC. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

11111111.1111111111111.1

Comments:

Section 1-D: H039 - Cleaning and Resource Recovery of Commercially
empty containers.

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse INC.1402 S. Second St.EPA ID NO: M0R 000 5105 9158

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description <u>Rinse Water - (Ethephon, Prep, <2 pH)</u>	
B. EPA hazardous waste code <u>D002</u>	C. State hazardous waste code
D. Source code <u>G25</u> Management Method code for Source code G25 <u>H039</u>	E. Form code <u>H105</u>
F. Quantity generated in 2007 <u>3,829,110</u>	G. UOM <u>L</u> Density <u> </u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)	
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007
<u>H1</u>	<u> </u>
ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007
<u>H1</u>	<u> </u>

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>I11D 098 642 424</u>	C. Off-site Management Method code Shipped to <u>H1040</u>	D. Total quantity shipped in 2007 <u>3,829,110</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>H1</u>	D. Total quantity shipped in 2007 <u> </u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>H1</u>	D. Total quantity shipped in 2007 <u> </u>

Comments:

Section 1-D: H039 - Cleaning and Resource Recovery of Commercially empty containers.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse Inc.1402 S. Second St.EPA ID NO: M00R 0000 5105 9158FORM
GMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Solids/Sludge - Acute ToxicB. EPA hazardous waste code P1014

C. State hazardous waste code

D. Source code

G25

Management Method code for Source code G25

U039

E. Form code

W409

F. Quantity generated in 2007

27950.0

G. UOM

5

Density

10.00☒ lbs/gal ☐ kg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007U00000000

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007U00000000

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shippedI20 0A8 642 424C. Off-site Management Method
code Shipped toU040

D. Total quantity shipped in 2007

27950.0

Site 2

B. EPA ID No. of facility to which
waste was shipped00000000C. Off-site Management Method
code Shipped toU

D. Total quantity shipped in 2007

00000000

Site 3

B. EPA ID No. of facility to which
waste was shipped00000000C. Off-site Management Method
code Shipped toU

D. Total quantity shipped in 2007

00000000

Comments:

Sec. 1 E - W409: Solids and Sludges From container Rinsing and
cleaning.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse Inc.1402. S. Second St.EPA ID NO: M, D, R, 0, 0, 0, 1, 5, 1, 0, 5, 1, 5, 1, 8FORM
WRU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste <u>Carbofuran Containers</u>		B. EPA hazardous waste code <u>P1,2,7</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <u>M, Y, D, 0, 9, 7, 6, 4, 4, 8, 0, 1</u>		E. Quantity received in 2007 <u>2, 6, 3, 6, 4, 0</u>		F. UOM Density <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code <u>W319</u>		H. Management Method code <u>U039</u>				
Waste 2	A. Description of hazardous waste <u>Carbosulfan Containers</u>		B. EPA hazardous waste code <u>P1,8,9</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <input checked="" type="checkbox"/> Mark if same as in Waste 1 _____		E. Quantity received in 2007 <u>5, 0, 0, 0, 0</u>		F. UOM Density <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code <u>W319</u>		H. Management Method code <u>U039</u>				
Waste 3	A. Description of hazardous waste <u>Dimethoate Containers</u>		B. EPA hazardous waste code <u>P0,4,4</u>		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 <u>K, S, D, 0, 0, 0, 8, 1, 9, 0, 8, 6</u>		E. Quantity received in 2007 <u>1, 5, 0, 1</u>		F. UOM Density <u>5</u> <u>9, 0</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
G. Form code <u>W319</u>		H. Management Method code <u>U039</u>				

Comments:

waste-1, 6: W319 - metal Containers
waste-2, 6: W319 - metal Containers

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: TRI-Rinse Inc.

1402. S. Second St.

EPA ID NO: M01R 010115 015191518

FORM
WRU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste Methomyl Containers		B. EPA hazardous waste code P016 016		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number MSD 016 106 923		E. Quantity received in 2007 _____ 5659.0		F. UOM Density lb _____ □ 1 lbs/gal □ 2 sg	
G. Form code W319		H. Management Method code U039				
Waste 2	A. Description of hazardous waste Methanol Containers		B. EPA hazardous waste code D001 _____		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <input checked="" type="checkbox"/> Mark if same as in Waste 1 _____		E. Quantity received in 2007 _____ 1440.0		F. UOM Density lb _____ □ 1 lbs/gal □ 2 sg	
G. Form code W319		H. Management Method code U039				
Waste 3	A. Description of hazardous waste Methomyl Containers		B. EPA hazardous waste code P016 016		C. State hazardous waste code _____	
	D. Off-site handler EPA ID number <input checked="" type="checkbox"/> Mark if same as in Waste 2 _____		E. Quantity received in 2007 _____ 3780.0		F. UOM Density lb _____ □ 1 lbs/gal □ 2 sg	
G. Form code W403		H. Management Method code U039				

Comments: Waste 1-6 : W319 metal Containers
Waste 2-6 : W319 metal Containers

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: TRI-Rinse Inc.1402 S. Second St.EPA ID NO: MDR 00015 05191518FORM
WRU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE RECEIVED
FROM OFF SITE

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste <u>Di-Syston-Containers</u>	B. EPA hazardous waste code <u>311 P039</u>	C. State hazardous waste code _____
	D. Off-site handler EPA ID number <u>MDR 00015 05191518</u>	E. Quantity received in 2007 <u>4,280.0</u>	F. UOM Density <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code <u>W403</u>	H. Management Method code <u>U039</u>		

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code _____	C. State hazardous waste code _____
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 _____	E. Quantity received in 2007 _____	F. UOM Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code _____	H. Management Method code _____		

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code _____	C. State hazardous waste code _____
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 _____	E. Quantity received in 2007 _____	F. UOM Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code _____	H. Management Method code _____		

Comments:



Specialists in Environmental Services

February 12, 2008

Missouri Department of Natural Resources
Hazardous Waste Program, Biennial Report
P.O. Box 176
Jefferson City, Missouri 65102-0176

Re: Tri-Rinse, Inc.
Biennial Report
40 CFR 262.41
Reporting Year – 2007

To Whom It May Concern:

Tri-Rinse, Inc. is herein submitting the company's Hazardous Waste Biennial Report for the 2007 reporting year. This submittal includes a completed RCRA Subtitle C Site Identification Form along with completed Forms GM and WR.

Please do not hesitate to contact me at (314) 647-8338 should you have any questions.

Sincerely,

Clinton Shocklee
Director, Environmental Management

RECEIVED

FEB 19 2008

Hazardous Waste Program
MO Dept. of Natural Resources

TRI RINSE, INC.

1402 South Second St.
St. Louis, Missouri 63104
Telephone (314) 647-8338
FAX (314) 647-5028